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FILED

May 13 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000000406 (8)

1. Corporation Name

~~KRIS MICHE, INC.~~

All TRADES STAFFING, INC.

N/C 12/27/96

Principal Place of Business

1100 N. FLORIDA AVENUE  
TAMPA FL 33602  
US

Mailing Address

1100 N. FLORIDA AVENUE  
TAMPA FL 33602-3302  
US

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

05/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

4. FEI Number

59-3161337

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

MICHE, KRISTOPHER  
8639 N. HIMES AVENUE  
#3719  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1100 N. FLORIDA AVENUE

83

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME MICHE, KRISTOPHER

STREET ADDRESS 8639 N. HIMES AVENUE, #3719

CITY-ST-ZIP TAMPA FL 33614

TITLE S ☐ DELETE

NAME PORTER, R GAYLE

STREET ADDRESS 2810 GALE PORTER

CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1100 N. FLORIDA AVE

1.4 CITY-ST-ZIP Tampa, FL. 33602

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME PORTER, R. GAYLE

2.3 STREET ADDRESS 1100 N. FLORIDA AVE

2.4 CITY-ST-ZIP Tampa, FL. 33602

3.1 TITLE S/T/D ☐ Change ☒ Addition

3.2 NAME BURNETT, JAMES E.

3.3 STREET ADDRESS 1100 N. FLORIDA AVE

3.4 CITY-ST-ZIP Tampa, FL. 33602

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002188634  
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\*\*\*173.75

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)